

**DEPARTMENT OF INSURANCE****STATE OF ARIZONA***Financial Affairs Division – Tax Unit*2910 North 44th Street, Suite 210

Phoenix, Arizona 85018-7269

Phone: (602) 364-3998

Fax: (602) 364-3989

2005 ANNUAL TAX AND FEES REPORT**DUE DATE: MARCH 1, 2006****FOREIGN AND ALIEN FRATERNAL BENEFIT SOCIETY**☐
☐

ORIGINAL REPORT

AMENDED REPORT / REASON _____

Complete Company Name and Home Office Address	State of Incorporation
X	X
X	NAIC Number
X	NAIC Group Number
X	Federal I. D. Number
X	
Preparer's Name and Title:	E-Mail Address:
Toll Free or Collect Phone:	FAX:
Complete Mail Address:	

PART B – SUMMARY OF TAXES AND FEES DUE MARCH 1, 2006

1)	Retaliatory Amount (Part A, Page 3, line 16 – not less than zero)	\$		(Pay Code 04)
2)	Certificate of Authority Renewal Fee	\$	30.00	(Pay Code 54)
3)	Annual Statement Filing Fee	\$	300.00	(Pay Code 28)
4)	TOTAL DUE MARCH 1, 2006 (Add lines 1 through 3) NOT LESS THAN \$330.00	\$		

PAYMENT OPTIONS – CHECK ONLY ONE OPTION FOR REMITTANCE OF THE AMOUNT DUE ABOVE:

- ☐ ACH DELIVERY IN ACCORDANCE WITH THE FORMAT AND CONTENT PRESCRIBED IN FORM E-ACH.INSTRUCTION
- ☐ CHECK PAYABLE TO **ARIZONA DEPARTMENT OF INSURANCE** IS ENCLOSED WITH THIS REPORT.

MAIL THIS REPORT TO:

Attention: TAX UNIT
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269

PREPARER CERTIFICATION	
I certify that I have prepared this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF PREPARER	DATE
NAME AND TITLE TYPED OR PRINTED	

COMPANY OFFICER CERTIFICATION	
I certify that I have examined this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF OFFICER	DATE
NAME AND TITLE TYPED OR PRINTED	

2005 RETALIATORY TAXES AND FEES WORKSHEET

In the State of Incorporation Column, enter the amounts that a like Arizona insurer would be required to pay to your state of incorporation, using the Arizona business as the base amount for fees, assessments and taxes imposed. In the Arizona column, enter only amounts actually paid in 2005. ATTACH TO THIS WORKSHEET PHOTOCOPIES OF PAYMENTS MADE, OR EXPLANATION AND CALCULATIONS FOR EACH ITEM REPORTED IN THIS WORKSHEET. FAILURE TO REPORT AND DOCUMENT RETALIATORY AMOUNTS MAY RESULT IN ASSESSMENTS INCLUDING APPLICABLE PENALTIES AND/OR INTEREST ON A RETALIATORY BASIS

IMPORTANT! COMPLETE BOTH COLUMNS

		State of Incorporation	Arizona
		(A)	(B)
FEES:			
1.	Certificate of Authority renewal fee paid in 2005	\$	\$ 30.00
2.	Annual Statement filing fee paid in 2005	\$	\$ 300.00
3.	Publication fees paid in 2005 [ATTACH INVOICE]	\$	\$ XXXXXXXXXXXXXXXX
4.	Policies, rates and forms filing fees	\$	\$ XXXXXXXXXXXXXXXX
5.	Agent fees, IF APPLICABLE. See instructions on Form E-AZ AGENTS and below. Enter TOTALS from below	\$	\$
6.	Other fees (filing articles, bylaws, amendments)	\$	\$
	SUBTOTAL #1 (Add lines 1 through 6)	\$	\$
ASSESSMENTS:			
7.	Fraud Fund Assessment [Attach Documentation]	\$	\$
8.	Fraudulent Claims Assessment	\$	\$ XXXXXXXXXXXXXXXX
9.	Health Care Appeals Fund Assessment	\$ XXXXXXXXXXXXXXXX	\$
10.	Other State of Incorporation Special Assessments [Attach Documentation]	\$	\$ XXXXXXXXXXXXXXXX
11.	Other State of Incorporation Assessments [Attach Documentation]	\$	\$ XXXXXXXXXXXXXXXX
	SUBTOTAL #2 (Add lines 7 through 11)	\$	\$
TAXES:			
12.	State income tax paid/payable for 2005 [Attach Pro Forma Return]	\$	\$ XXXXXXXXXXXXXXXX
13.	State income tax credit against premium tax for 2005 (-)	\$	\$ XXXXXXXXXXXXXXXX
14.	State franchise tax paid/payable for 2005 [Attach Pro Forma Return]	\$	\$ XXXXXXXXXXXXXXXX
15.	State franchise tax credit against premium tax for 2005 (-)	\$	\$ XXXXXXXXXXXXXXXX
16.	Other State of Incorporation Taxes [Attach Documentation]	\$	\$ XXXXXXXXXXXXXXXX
	SUBTOTAL #3 (Add lines 12 through 16)	\$	\$ 0.00
17.	RETALIATORY WORKSHEET TOTALS (Add Subtotals 1. 2 and 3)	\$	\$

Enter line 17 amounts on Page 3, line 13

COMPANY AGENT FEES Line 5 ONLY INSURERS whose domiciliary state requires ARIZONA INSURERS to pay fees for the license, OR appointment OR termination of their agents in that state SHALL complete Form E-AZ AGENTS and attach it to this schedule. Complete only the columns that are applicable. For example, if your state requires insurers to only pay appointment fees, then complete only that column. After completing Form E-AZ-AGENTS, carry totals forward to applicable sections A and/or B and/or C below.

PLEASE VERIFY YOUR STATE'S REQUIREMENTS WITH THEIR INSURANCE DEPARTMENT AND YOUR COMPANY'S ACCOUNTING Department.

COMPLETE PART A BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT LICENSE FEES.

COMPLETE PART B BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT APPOINTMENT FEES.

COMPLETE PART C BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT TERMINATION FEES.

		STATE OF INCORPORATION		ARIZONA
A.	Enter the figure from line 1 of Part D on Page 2 of FORM E-AZ AGENTS in <u>BOTH</u> Columns →→→→→	#		#
	Enter the AGENT LICENSE FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X	\$	Enter \$ amount from line 2, Part D, on Page 2 of Form E-AZ AGENTS below
	Total 2005 agent license fees. Multiply the 2 lines above for the State of Incorporation column and enter the result.		\$	
B.	Enter TOTAL from COLUMN 3 on Page 1 of FORM E-AZ AGENTS in STATE OF INCORPORATION Column →→→→	#		↓
	Enter the AGENT APPOINTMENT FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X	\$	↓
	Total 2005 agent appointment fees. Multiply the 2 lines above and enter the result. →→→→→		\$	↓
C.	Enter TOTAL from COLUMN 4 on Page 1 of FORM E-AZ AGENTS in STATE OF INCORPORATION Column →→→→	#		↓
	Enter the AGENT TERMINATION FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X	\$	↓
	Total 2005 agent termination fees. Multiply the 2 lines above and enter the result. →→→→→		\$	↓
TOTALS - ENTER SUM OF SECTION A, B AND C TOTALS IN SHADED BOXES. CARRY THESE TOTALS TO LINE 5 →→→→			\$	\$

COMPANY NAME _____ NAIC NO. _____

Total Arizona Premiums includes policy membership, other fees and all other considerations for insurance from all classes of insurance whether designated as a premium or otherwise received on account of policies and contracts after deducting applicable cancellations, returned premiums, policy dividends, refunds, savings coupons and other similar returns paid or credited to policyholders and not reapplied as premiums for new, additional or extended insurance.

PART A - 2005 RETALIATORY TAX COMPUTATION

IMPORTANT!

ENTER PREMIUM AMOUNTS IN BOTH COLUMNS AND IF EXEMPT FROM TAX IN THE STATE OF INCORPORATION, ENTER "0" IN THE TAX RATE LINES FOR COLUMN A. ATTACH A COPY OF ARIZONA BUSINESS PAGE FROM THE 2005 ANNUAL STATEMENT, EVEN IF PREMIUMS ARE NOT TAXABLE

In the State of Incorporation Column, enter the tax computations for a like Arizona insurer doing business in your state of incorporation, using the Arizona premiums as the base amount for taxes imposed. In the Arizona column, enter only the Arizona premiums written.

		State of Incorporation (A)		Arizona (B)	
1. Total Arizona Life Premiums	\$	_____	\$	_____	FL gross FL tax = 0
Less Deductions:					
a) Paid in cash or left on deposit	(-)	_____			
b) Applied to pay renewal premiums (ONLY if included in line 1 above)	(-)	_____			
c) Other (SPECIFY)	(-)	_____			
2. Net Taxable Life Premiums (line 1 minus 1a, 1b, and 1c)	\$	_____			
3. Life Premium Tax Rate		_____		EXEMPT	
4. Life Tax Due	\$	_____	\$	0.00	
5. Total Arizona Annuity Considerations	\$	_____	\$	_____	FA gross FA Tax = 0
Less Deductions (SPECIFY)					
a)	(-)	_____			
b)	(-)	_____			
6. Net Taxable Annuity Considerations (line 5 minus 5a and 5b)	\$	_____			
7. Annuity Consideration Tax Rate		_____		EXEMPT	
8. Annuity Tax Due	\$	_____	\$	0.00	
9. Total Arizona Accident and Health Premiums	\$	_____	\$	_____	FAH gross FAH Tax = 0
Less Deductions (SPECIFY)					
a)	(-)	_____			
b)	(-)	_____			
10. Net Taxable Accident & Health Premiums (9 minus 9a and 9b)	\$	_____			
11. Accident & Health Tax Rate		_____		EXEMPT	
12. Accident & Health Premium Tax Due	\$	_____	\$	0.00	
13. Retaliatory Worksheet Totals (Page 2, line 17)	\$	_____	\$	_____	
14. Add lines 4, 8, 12, and 13	\$	_____	\$	_____	
		(DOM)			
15. Total of Arizona column, line 14	\$	_____			
Retaliatory Tax Due (column A, line 14 minus line 15. If result is less than "0", enter "0")	\$	_____			
16. Carry to Page 1, Part B, line 1	\$	_____	←	CANNOT BE NEGATIVE	
		(RT gross/tax)			

IMPORTANT NOTE: THE RETALIATORY AMOUNT DUE MAY NOT BE OFFSET IN ANY MANNER